

**Commonwealth of Massachusetts**  
Executive Office of Health and Human Services



# **Health Information Technology Council March Meeting**

**April 8, 2013**

**3:30-5:00 P.M.**

**One Ashburton Place, 21<sup>st</sup> Floor, Boston**



# Agenda



## **Today's Agenda:**

- 1. Meeting Minutes approval [5 min] – John Polanowicz**
- 2. Advisory Group Update & Discussion [45 min] – Micky Tripathi**
- 3. MeHI EHR Records Plan Preview [10 min] – Laurance Stuntz**
- 4. Mass HIway Update [20 min] – Sean Kennedy/Manu Tandon**
- 5. Wrap up and next steps [10 min] – Manu Tandon**



## Discussion Item 1: Advisory Group Update & Discussion



# March Advisory Group Meeting Summary



- **Each Advisory Group met in March and began to address issues specific to their domains**
  - Consumer: Phase 2 patient-facing services approaches
  - Legal/Policy: Phase 2 legal/policy issues
  - Provider: Adoption of HIway services
  - Technical: Technical specifications for anticipated Phase 2 transactions
- **Summary of main themes from March meetings (see Appendix for more detail)**
  - Consumer: HIway approaches to patient engagement/activation should be accelerated where possible
  - Legal/Policy: Inventoried and prioritized anticipated Phase 2 legal/policy issues
  - Provider: Alignment of HIway and private HIEs is critical adoption area
  - Technical: HIway should be open and flexible to emerging integration approaches; record location function should be highly constrained to protect patient privacy; record queries should be peer-to-peer (EHR-to-EHR), facilitated by HIway location and consent management services; longer term goal should be to allow patients to manage consent directly through patient-facing applications



# For HITC discussion: Legal/Policy Advisory Group Inventory of Issue Areas



## ***Inventory of Hlway Legal/Policy Issues:***

- Legal issues with statewide master patient index and record locator service
- HISP to HISP trust
- Consent for query (targeted and untargeted)
- Patient participation in Hlway services
- Applicability of Chapter 224 HIE provisions
- Statutorily protected HIV test result and genetic test result data
- Statutorily protected substance abuse treatment data

## ***Questions for HITC discussion:***

- Does this list cover the right set of issues?
- Is this the right order of priority?
- Any HITC guidance for the Advisory Groups?



# Feedback: Consumer Advisory Group



## **Summary of Input and Feedback from the Consumer Advisory Group**

- There is a need for a wide scale consumer education campaign regarding the Mass Hlway, though the messaging is complex and will require significant work and stakeholder engagement to craft properly. Consumer Advisory Group members represent many consumer facing organizations that could be channel partners for outreach.
- The phase 2 patient-directed messaging approach is a starting point but not enough to address rapidly emerging patient engagement/activation needs. The Hlway should work aggressively to develop broader and deeper service offerings that both make more information routinely available to patients and that increase the value of patient-controlled applications (such as personal health records)
- Consumer Advisory Group members agreed that more time is needed to understand and contemplate the service offering and the value it could bring so the topic will be discussed again in the next meeting.



# Feedback: Provider Advisory Group



## Summary of Input and Feedback from the Provider Advisory Group

- Many organizations are thinking about HIE in concentric circles with a prioritization of enterprise information exchange followed by exchange with regional partners and then finally statewide HIE. Priorities are for features and functions to support accountable care and to connect ambulatory practices to hospitals. Therefore, MassHIway needs to be considered within the context of other enterprise and regional level HIE initiatives.
- Regarding marketing approach, MassHIway team needs to take an organization through the questions of “how does LAND work,” “who else is connected,” and “what is it we can do with the connection.”
- Concern that increased exchange of information among providers will increase need for standardization of clinical documentation.
- The HIway should be seen as complementing local HIE efforts versus being seen as competition. This should be considered for all marketing, outreach, and education initiatives underway for the MassHIway.
- Meaningful Use and payment reform through Accountable Care model are real drivers of HIE in the market. ACOs are getting people to focus on the business and clinical outcomes (which is good) but they are also creating strong incentives to keep patients within networks. This in turn is narrowing networks. There is a strong use case for the HIway to complement other HIE activity by enabling an ACO to send a patient to an outside sub-specialty and to still provide great care.
- Regarding query, view capability (visual integration) is where most organizations are going to start and they will gradually transition to more integrated exchange based upon need and financial means.
- Regarding marketing – There is a need for a lot of education up front aimed at both sides of the transaction (sender and receiver) – focus on good campaigning, marketing, and education. There is the hope that the implementation grants can create crisp stories of value delivery that may then be used for further marketing.
- The LAND box needs to be simple and easy to install. This needs to be as simple as having the “cable guy” show up and install the box. Reliability is most critical factor here even before usability.



# Feedback: Legal and Policy Advisory Group



## Summary of Input and Feedback from the Legal and Policy Advisory Group

- The Legal & Policy Advisory Group has prepared its docket of issue areas to work through this year in the following priority order (in order to align with EOHHS technical design/requirements development and phase 2 Participation Agreement preparation):
  - Legal & policy issues related to statewide MPI/RLS
  - HISP to HISP trust
  - Consent for query (targeted and untargeted)
  - Applicability of Chapter 224 HIE provisions
  - Statutorily protected HIV test result and genetic test result data
  - Statutorily protected substance abuse treatment data
- The Legal & Policy Advisory Group will engage expert testimony for several of these issues in order to bring perspective on how organizations are interpreting and acting upon the law in current practice.
- Many organizations have already spent time and money on developing local HIEs along with policies and procedures (e.g., Consent policy). There is a need to be mindful of the policies that are already in place and for the MassHIway phase 2 policy design to take these into account.
- Several phase 2 issues were raised in the Legal & Policy Work Group last year that should be brought forward for resolution (e.g., Permitted users of MassHIway).
- Since payers are an anticipated participant in the MassHIway there is a need to consider the concept of “minimum necessary” and how it is applied.





# Feedback: Technology Advisory Group



## Summary of Input and Feedback from the Technology Advisory Group

- General feedback
  - We should leverage messaging standards where they exist and are having successful uptake in the market – We should use RESTful with XML message constructs for new messages not previously standardized
  - We should be open to emerging concepts, such as Blue Button Plus, and incorporate them as integration options as they become mature enough for production and vendor uptake
- Feedback regarding Master Person Index (MPI) and Patient Matching
  - We should only allow EXACT MATCH returns from a patient search in the RLS. No partial lookups or ‘pick from a list’ responses allowed. We can use some ‘fuzzy logic’ lookup capabilities however such as soundex which produce reliable matches
  - We can return a variety of error messages such as ‘Message Failure’ or ‘No match found’ for example but we CANNOT disclose any status of a patient via these messages, such as ‘no patient records found at XYZ fertility clinic’
- Feedback regarding Record Locator Service
  - Once a patient match is made the RLS should return a list and dates of recent encounters (10 most recent for example) so the requestor can choose to seek the patient information or not. This implies sending an Event Date Segment as a part of the HL7 ADT (PID) segment to populate the eMPI. If there is an encounter type (ED, PT, etc.) that would be ideal
  - The RLS should only return matches for patients with a positive consent in the consent DB
  - The HIE should not collect and aggregate CCDs from multiple EMR’s and present to the requestor. The RLS will issue a message to the EMR to send a CCD to the requestor as a separate message (push transaction from the source EMR)
  - An option to subscribe to a patient record in the RLS could facilitate push of new updates to the subscribing provider
  - A “CCD to be pushed at a future time message” could be sent to the EMR to tell it that a requester is waiting for a patient record and to please send it directly to them.
- Feedback regarding Consent
  - Since centrally managed consent is only needed for query (pull) transactions then the consent DB in the HIE will be used to validate consent at the time of an RLS query. EMR’s should also only release CCDs to the HIE / requestors for consented patients
  - Patient opt-in should be simple – there may be a future opportunity to leverage patient portals for gathering/changing consent.



## Discussion Item 2: MeHI EHR Records Plan Preview

# Electronic Health Records and Health IT Adoption Planning

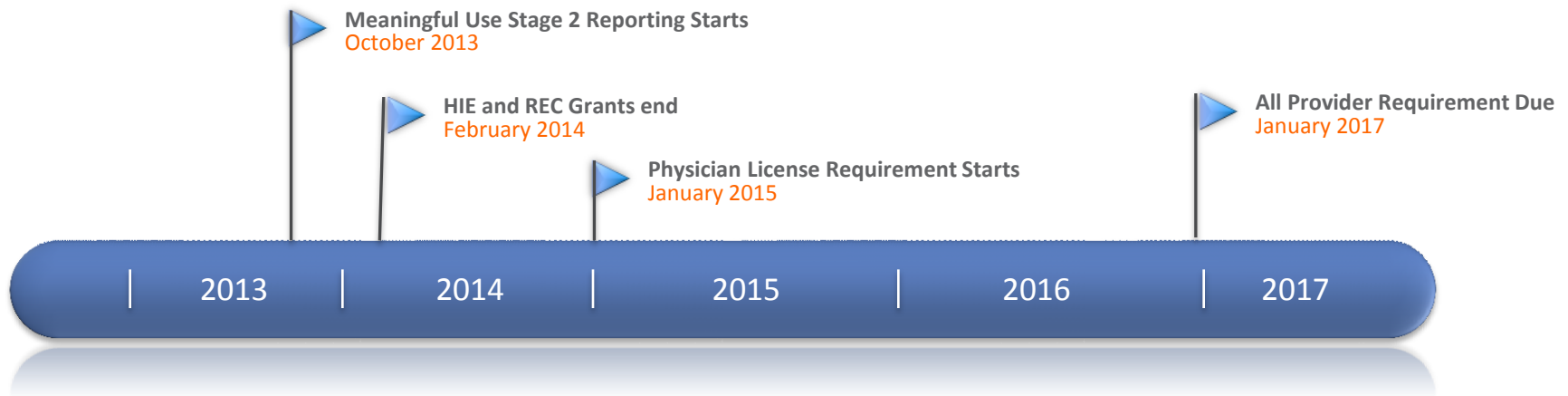
Presented for Discussion with HIT Council  
April 8, 2013



**MeHI**  
MASSACHUSETTS  
eHEALTH INSTITUTE

  
at the MassTech  
Collaborative

# Massachusetts Healthcare IT Drivers



- Meaningful Use Stage 2 requires use of an HIE, starts in October 2013
- Federal HITECH Grants end in February 2014
- Physician Licensing Requirement Starts - January 2015
  - Massachusetts requires physicians to be proficient in the use of health information technology as a condition of licensure. Proficiency, at a minimum, means demonstrating the skills to comply with the “meaningful use” requirements.
- All Providers on EHRs and HIE Connection - January 2017
  - All providers (not just physicians) in the Commonwealth shall implement fully interoperable electronic health records systems that connect through the statewide health information exchange

- Help providers adopt EHRs
- Support the Council in the adoption of the Hlway
- Identify and promote technologies to lower cost and improve quality
- Help providers attain future stages of Meaningful Use
- Promote the understanding of the benefits of Health IT to patients, providers, and the general public

## Education →

- MeHI Website
- MeHI Community

## EHRs →

- REC IOO Program
- Medicaid Incentive Payment Program
- BORIM Support
- Chapter 224 Grant Program

## HIway →

- HIway Last Mile Adoption Program
- Vendors
- Technical Support
- Provider Communities
- Implementation Stories and Support

## Innovation →

- eHealth Economic Development
- Identify and Promote Technology

## Outreach - Communication

- Leverage Extension Center and Health Information Exchange staff and relationships to drive Health IT Adoption
- Shared key resources across programs
  - Outreach and Communications program and staff
  - Provider database and analytics
  - Salesforce.com infrastructure
  - Health IT “Learning Center” on website
- Build on Federally funded activities
  - Leverage Regional Meetings to talk about all programs
  - Leverage REC Grant funds for provider research
  - Leverage Salesforce development activities and data from REC instance and Medicaid outreach
  - Leverage HIE Implementation Grants and communities to build relationships
- Build relationships with and support for the eHealth community
  - Leverage Mass Technology Collaborative history and relationships

- Physicians
  - ~27,000 licensed and practicing in Massachusetts
  - ~4,500 don't qualify for Meaningful Use Incentives, estimated 3,000 will need support
- Dentists, PAs, NPs, Nurse Midwives
  - ~13,000 licensed individuals practicing in Massachusetts
  - ~50% do not qualify for Meaningful Use incentives
- Long Term Care
  - Estimated 1/3 of ~450-500 LTC facilities don't have an EHR and will need help
- Behavioral Health, Mental Health and Substance Abuse
  - ~350 Mental Health and Substance Abuse Facilities
  - ~50,000-60,000 Behavioral Health clinical professionals
  - ~20-25% currently on EHRs
  - Remainder evaluating and will likely need help installing and using EHRs
- Home Health Care
  - ~150 certified and ~300 private pay agencies
  - Majority (75%+) of certified agencies have EHRs, investigating private pay



# Near Term Activities – Q2 2013

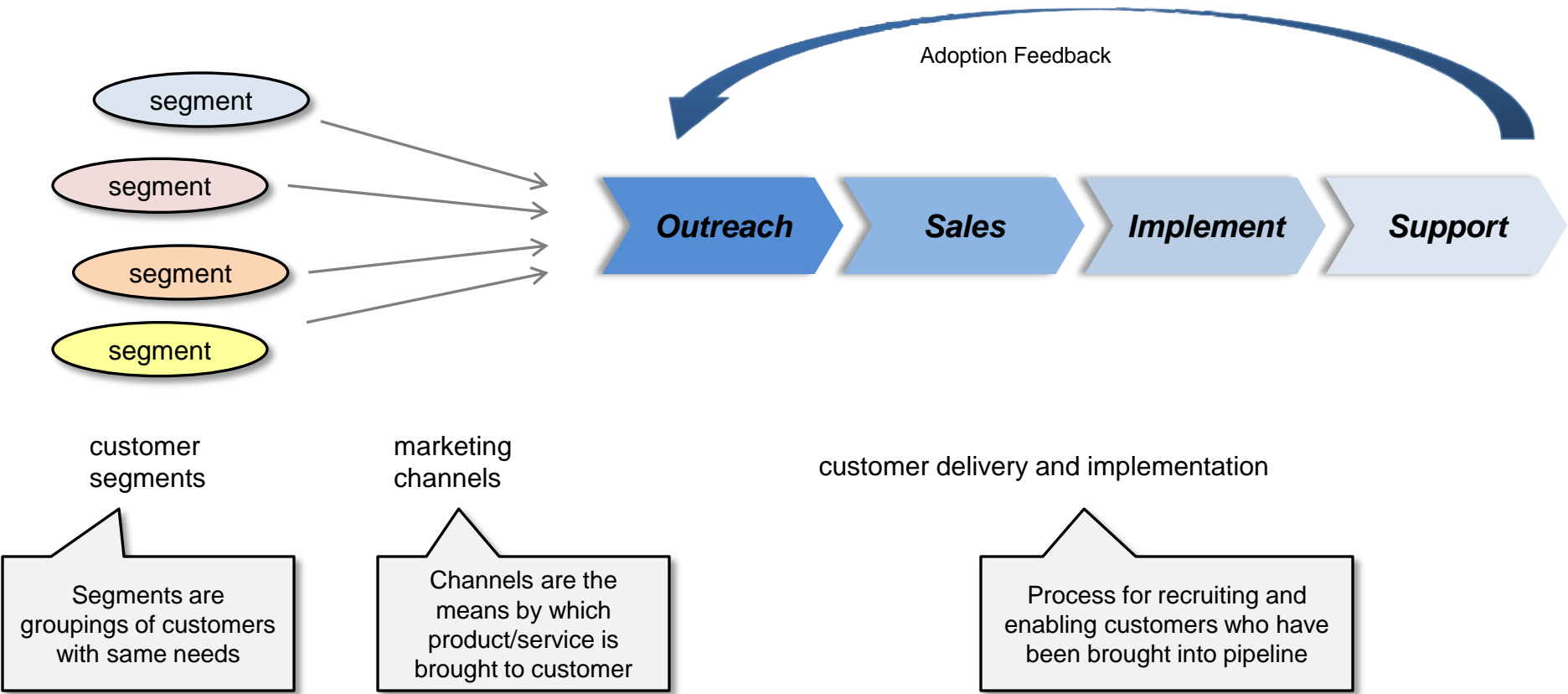
- Ramp up education and outreach activities
  - Regional meeting series
  - Webinars
  - Integration with BORIM and Mass Medical Society messaging
- Provider research
  - Services required
  - Current state analysis
  - Incorporate sister agency survey questions
- Sector-by-Sector Strategic Planning based on identified needs
  - Long term care
  - Behavioral health
  - Home health
  - Community health centers and critical access hospitals
  - Medical and dental professionals
- Begin work supporting patient engagement and education about health IT
- Budget and Metrics development
  - FY14 and beyond



## Discussion Item 3: Mass Hlway Update

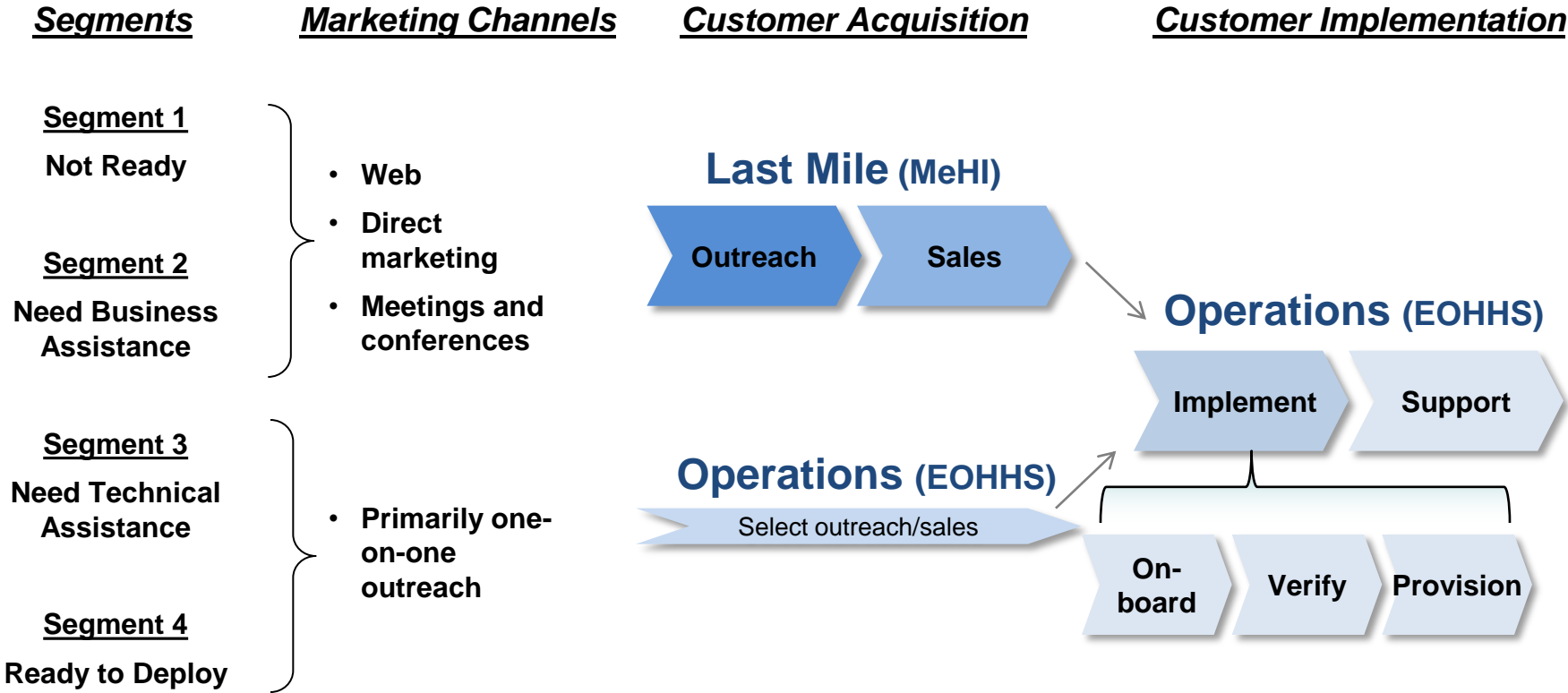


# Segmentation & Process overview



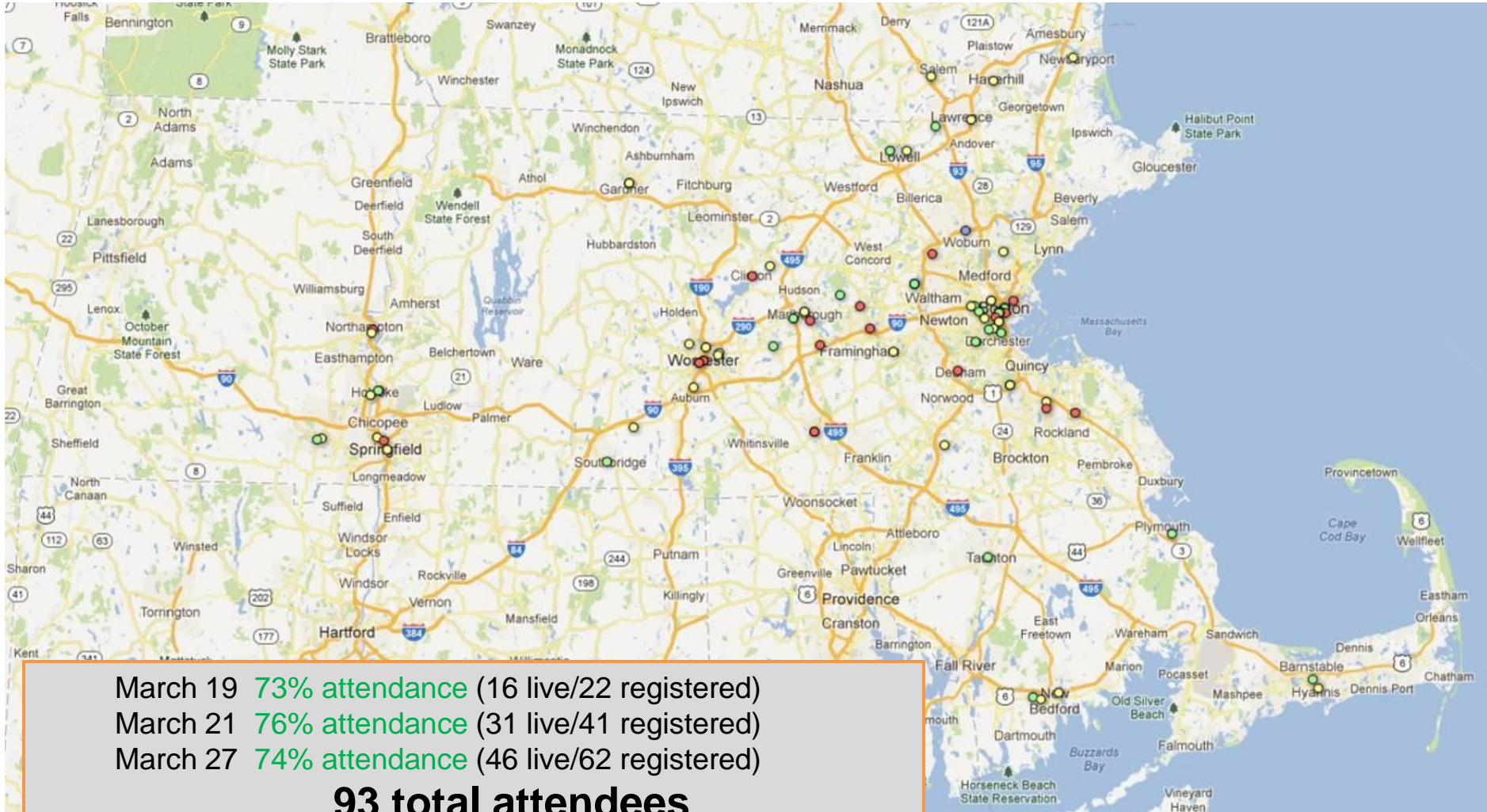


# Segmentation & Process overview



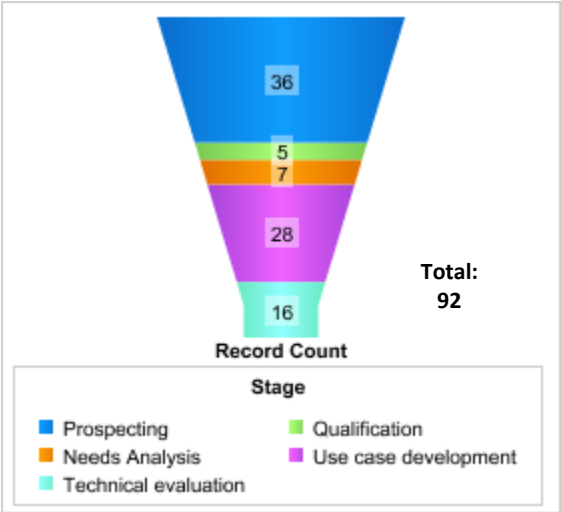


# Outreach - HIway Implementation Grants

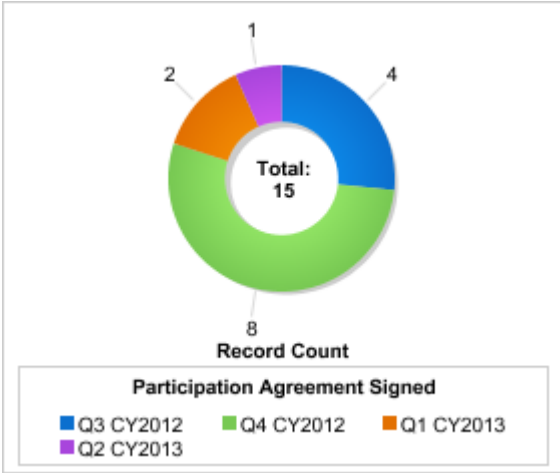




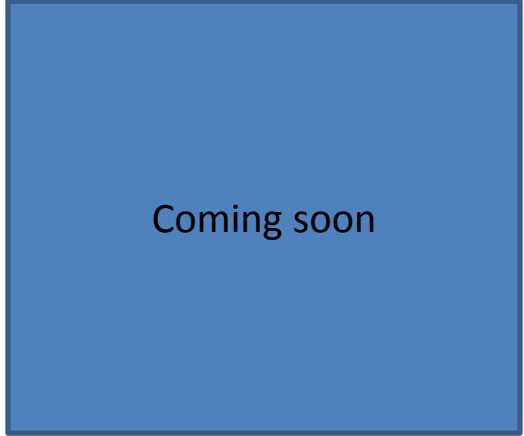
## # Opportunities (by stage)



## # Participation Agreements signed



## # Grants Awarded



Total Organizations	HIway Revenue
~400	~\$800,000

**NOTE:** Organizations may not be unique. Some are in more than one opportunity. Revenue, however, is **not** counted twice.

‘Sales’ gains commitments (i.e. a signed Participation Agreement, signed Grant contract) from organizations by cultivating opportunities. Opportunities reflect a set of trading partners centered on a common use case.



# Adoption



- **As organizations transition from implementation through to support, we will work with them to drive transaction volume and increased utilization of the HIway**
- **We will monitor and update the Council on issues and policy matters related to adoption**





# Major Implementations In Flight



Organization	Use Case	Target Date
<b>Tufts Medical Center and Network Health</b>	Discharge Summaries from Tufts Medical to Network Health for follow-up care – in testing	April 15 in Production
<b>BIDMC, Holyoke Hospital, MAeHC, Atrius</b>	Several use cases – registries, data analytics and information exchanged between provider organizations. Will entail various connection methods – Direct, Direct with LAND	May 2013 and onwards
<b>Department of Public Health</b>	Public health data submissions for Immunization, Labs, Syndromic and CBHI.  Currently 420+ providers submit data to DPH across these programs (excluding Syndromic). Active plan is to (a) gradually move the providers to the Hlway for registry submissions and for extended exchange of health information with other entities; (b) new providers submitting data will onboard through the Hlway. DPH program owners working with Hlway to front-end outreach; implementation and on boarding will occur through the Hlway.	May – Dec 2013





- **Transactions exchanged up from 17 to 5,984 during the month of March – all test**
- **In process of provisioning a client test site for production exchange**
- **Working through the following priorities:**
  - LAND “base use case” documentation and development of next release of LAND to support “advanced use cases”
  - Ramp up of Orion resources to support on-boarding process



# Phase 2 overall timeline



## Mass HIway Phase 2 high level project schedule

Activity	Completion date
Submit IAPD to CMS	<b>Complete</b>
CMS approval of Phase 2 IAPD	April 2013
Phase 2 contract (or change order) executed	April 2013
Go-live - Public Health - Immunization Registry Node	April 28 2013
Go-live - Public Health - Reportable Lab Results (ELR) Node	April 28 2013
Testing - Public Health - Syndromic Surveillance Node	April 12 2013
Go-live - EOHHS – Children’s Behavioral Health (CBHI) Node	May 2013
Go-live for Phase 2, Release 1 (Other Public Health interfaces)	May – Oct 2013
Go-live for Phase 2, Release 2 (CDR, EMPI, RLS, Consent)	Oct 2013 – Mar 2014



## Discussion Item 3:

### Wrap up and next steps



# HIT Council meeting schedule



## HIT Council 2013 Meeting Schedule\*:

- January 14 – 11<sup>th</sup> Floor Matta Conference Room
- February 4 – 11<sup>th</sup> Floor Matta Conference Room
- March 13 – 11th Floor Matta Conference Room
- April 8 – 21st Floor Conference Room
- **May 6**
- June 3
- July 1
- August 5
- September 9
- October 7
- November 11
- December 9

*\*All meetings to be held from 3:30-5:00 pm at One Ashburton Place, 21st Floor, Boston, unless otherwise noted*



# Wrap up



**Next HIT Council Meeting: May 6, 2013**

**Preliminary Agenda:**

- Advisory Group Update/Discussion
  - Discussion Topics?
- Mass Hlway Update
  - Mass Hlway Client Presentation & Discussion



## Appendix:

### Additional Mass HIway Detail



# Outreach - Mass Hlway Connector



March 2013  
**Mass Hlway Connector**

## The Mass Hlway is Open for Business!

During the 'Golden Spike' ceremony on October 16th, Governor Patrick (MA-D), along with 16 other healthcare organizations and numerous healthcare leaders, [launched the State-wide Health Information Exchange](#) by electronically transmitting medical records over the Mass Hlway. Since then, the Mass Hlway Last Mile Program Management Office is supporting more than 60 organizations as they prepare to connect to the Mass Hlway in 2013.

## Call for Applications: Hlway Implementation Grants

The Last Mile Program is pleased to announce the [Hlway Implementation Grant Program](#) developed to fund projects to accelerate connections to the Mass Hlway. The grants are for two or more organizations that currently collaborate and share specific processes such as referrals, discharges, and quality reporting to redefine and implement their processes through the Mass Hlway. This program, budgeted at \$2 million, will issue awards up to \$75K each. Proposals are due Tuesday, April 16, 2013. Awards will be announced in May 2013.

[Download grant application](#)  
[Request HIE & grant information](#)  
[Attend an online grant information session](#)

**EHR Vendor Interface Grants** are scheduled for release in April. The program, funded at \$1.5M, will award grants up to \$75K each to support EHR interfaces to the Mass Hlway in an effort to accelerate adoption.

## Hlway Release 2

We completed the Mass Hlway Release 2 on December 28. The upgrade includes the Mass Hlway Webmail, LAND device GA (general availability), the standard XDR interface and HTTP (REST) interface, and Production Symantec certificates. [Read more.](#)

## Mass Hlway Operations & Support Center

For those *live* on the Hlway, the Mass Hlway Operations & Support Center is available to support your business and technical needs. We will answer questions related to participation agreements, payment information, upgrade coordination, loading providers, and any related technical questions. I encourage you to connect with the team and learn more about the Mass Hlway. Call us at (888) MA-HIWAY and select option 2.

## Contact Us

Connect with the team and learn more about the Mass Hlway.

- Call us at (888) MA-HIWAY and select option 1
- Visit our [website](#) and [online community](#) (registration may be required)
- [Register](#) for more information
- [Download Hlway Overview](#)

## Hlway Grant Webinars

Get more details on applying, ask questions, get answers.

Register for a March session.  
Multiple times available.

[Tue, March 19](#)  
7:30 AM

[Thu, March 21](#)  
12 PM

[Wed, March 27](#)  
12 PM

## HIE Group



Connect with other MA providers and join discussions, share ideas, and collaborate on projects.

[Register your team and you](#) ▶

Total recipients	2,395
Bounces	53
Opens	1,436

Next edition – April 8th





# Digital engagement

MASSTECH THE INNOVATION INSTITUTE at the HealthTech Collaborative MeHi MASSACHUSETTS eHEALTH INSTITUTE MBI MASSACHUSETTS BROADBAND INSTITUTE

Have a question? Type here Receive Our Newsletter CONTACT CALENDAR GLOSSARY

**MeHi** MASSACHUSETTS eHEALTH INSTITUTE at the MassTech Collaborative

What We Do Health Information Technology Health Information Exchange Meaningful Use &...

Home

## Massachusetts Health Information Highway to Fund \$2M for Implementation Grants

Friday, March 15, 2013

The Massachusetts eHealth Institute at the Massachusetts Technology Collaborative today announced a \$2M **Hiway Implementation Grant Program** which will fund projects that catalyze connections to the statewide Health Information Exchange, the Mass Hiway.

"As we adopt electronic health records in Massachusetts, we're working to ensure those records are used meaningfully and shared over the Mass Hiway," Pamela Goldberg, CEO of the Massachusetts Technology Collaborative. "These implementation grants are an innovative tool to help our state's health providers use the health information exchange effectively, which fundamentally impacts how we deliver health care."

Intended for healthcare organizations the grant program will fund collaborative projects that catalyze connections to the Mass Hiway by migrating existing processes away from paper-based exchanges and those exchanges using

If you enjoyed this article, please consider sharing it!



## Mass Hiway Grants to Benefit Western Massachusetts

posted by [Laura Polas](#) on March 22, 2013 · [Leave a Comment](#)

Q&A with MeHi Director, Laurance Stuntz

The **Mass Hiway Implementation Grants** have been posted for a week and well over 50 organizations have expressed interest in collaborating with their care delivery network to apply. The grant program, intended to fund projects that catalyze connections to the statewide health information exchange (HIE), has spurred plenty of ideas and questions from the Massachusetts healthcare community.

I had the chance to catch up with MeHi Director, Laurance Stuntz, after yesterday's grant information session.

**There has been tremendous interest in the Mass Hiway Implementation Grants. Why are organizations excited about this funding opportunity?**

Health reform and its push for cost containment and improved quality are catalyzing new financing and care models. This is prompting organizations across the Commonwealth [and the Nation] to explore ways to better coordinate care among their affiliated and unaffiliated practices. Today, even though many organizations have implemented electronic health records, this care coordination is often done in manual ways, using faxes or printed copies of records and forms. The **Hiway Implementation Grants** enable organizations to digitize these efforts, paving the way for much more efficient, secure, and timely exchange of information and thus accelerating adoption of these novel care models.

**What about western Massachusetts? Is this good for organizations outside of metro Boston?**

**Absolutely! A primary goal of these grants is to spread the use of Health IT and the Mass Hiway** organizations in western Massachusetts should apply for these grants – to satisfy our experience as a Commonwealth and ensure that we're IT to every resident.

**Spreading Mass Hiway connections in the state?**

of health IT that many organizations have not yet budgeted. We've spent 5 years getting data into digital form with electronic health records of that effort, we need the data to move easily around between have been around for a while, most of the work has been localized and With these grants, we are expecting to show the use of the Mass

settings – big and small, rural and urban, hospitals, long h – you name it – we want to bring the Hiway to every

**How can we get together and apply?**

the coordination of a patient's care – behavioral health health plans, private practices (small and large), nursing

amounts up to \$75,000. Proposals are due Tuesday, April 2, in May 2013. The Mass Hiway team will host the final Friday, March 27, at 12:00 PM EST. To register for the

request more details visit: <http://www.mehi.masstech.org/hiwayimplement>

### MeHi Community Menu

Mass eHealth Institute (MeHi) Community  
HIE in Massachusetts  
Massachusetts Healthcare Providers  
MDPHnet Group

- New Member Registration
- HIE Registration
- Receive Our Newsletter
- Contact Us

### Latest MeHi Posts



**Mass Hiway Grants to Benefit Western Massachusetts**  
Date Posted: March 22nd, 2013



**Hiway Implementation Grants: Info Session Presentation**  
Date Posted: March 19th, 2013



**Attend March 21 or March 27 Mass Hiway Grant Webinar**  
Date Posted: March 18th, 2013



**Q&A with MACIPA's Jeremy Davis: Where Vision Spurs Action**  
Date Posted: March 14th, 2013



**The Consumerization of Health Care**  
Date Posted: March 13th, 2013



**Mark Josephson, Mass League of CHC, Discusses MDPHnet - MeHi's HIE Related Project**  
Date Posted: March 12th, 2013

**MeHi @MassEHealth**  
Review last month's #MassHiway Grant Program info sessions: [ow.ly/jDcPf](#) Proposals for funding are due Tue, April 16. Pls Retweet!  
Expand

**MeHi @MassEHealth**  
Wondering how you can receive funding through collaboration? Learn about our #MassHiway Implementation Grant Program: [ow.ly/jDcOV](#)  
Expand

**LinkedIn**





# Mass Hlway Dashboard



## CONNECTION

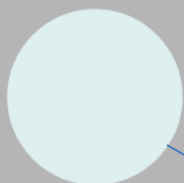


### FACILITATE CONNECTIONS

organizations enabled for directed exchange	<b>1 / 450</b> ~0 / 10% N = 4,500
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nodes on the Hlway	11
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organizations enabled by Rate Tier



- Tier 1
- Tier 2
- Tier 3
- Tier 4
- Tier 5

### ENABLE INTEGRATION

EHRs connected of 80% landscape group	<b>0 / 8</b> 0 / 50% N = 16
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other integrations

EXAMPLE ONLY



- Lab
- Pharmacy
- HISP
- PH Registries

## ADOPTION



### MAXIMIZE UTILIZATION

directed transactions <ul style="list-style-type: none"><li>Care coordination</li><li>To Registry</li><li>From Lab</li><li>Test</li></ul>	<b>5000+ / 1M</b> 0 / 100,000 0 / 899,900 0 / 100 5,000+
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physicians enabled for directed exchange	<b>1 / 12,500</b> 0 / 50% N = 25,000
--	--

entries in the participant directory	1
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### PATIENT ENGAGEMENT

unique patients' records exchanged	<b>0 / 25,000</b> N = 6.5M
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Implies gaining any requisite consent

as of 4/1/2013

33

## IMPACT HEALTHCARE



### DEMONSTRATE HEALTHCARE IMPROVEMENT

#### CARE QUALITY

providers using a certified EHR REC M2 + MEDICAID AIU	5,790
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eligible providers attested to MU1 REC + MEDICAID	1,448
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#### POPULATION HEALTH

organizations reporting via the Hlway to: <ul style="list-style-type: none"><li>Immunization registry</li><li>SS registry</li><li>Opioid registry</li><li>Cancer registry</li><li>CBHI registry</li></ul>	0 / 221 0 / 10 na na na
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#### HEALTH CARE COSTS

TBD	TBD
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On hold pending cost discussion



# Mass Hlway Strategic and Operating Plan



## Schedule for Development:

Task	Date
Preliminary outline and section assignments to EOHHS/MeHI	29-Mar
HIT-C meeting - intro HIE-SOP update plan	8-Apr
First draft for review by EOHHS & MeHI	17-Apr
Iteration period	18-Apr – 1-May
Submit to HIT-C for review	1-May
HIT-C comments due (by HIT-C mtg)	6-May
SOP edits based on HIT-C feedback	8-May
EOHHS Final Approval	9-May
Submission to ONC	10-May